

UNITED STATES DISTRICT COURT

District of Massachusetts

Daniel L. Simon,

V.

SUMMONS IN A CIVIL CASE

Choice Hotels International, Inc.,
New England Resort Management, LLC
d/b/a Clarion Nantasket Beach Hotel
Ferdinand J. Kiley.

CASE NUMBER:

04-10716RWZ

TO: (Name and address of Defendant)

Ferdinand J. Kiley
97 Beach Avenue
Hull, MA 02045

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Paul F. Wood
Law Office of Paul F. Wood, P.C.
45 Bowdoin Street
Boston, MA 02114

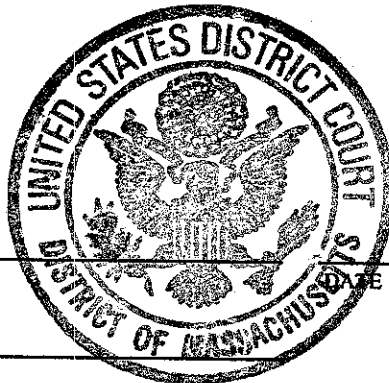
(617) 532-2666

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

(By) DEPUTY CLERK



4-9-04



Plymouth County Sheriff's Department • P.O. Box 1663 • Brockton, MA 02303 • 580-2110
 Plymouth, ss.

April 20, 2004

I hereby certify and return that on 4/15/2004 at 03:00 pm I served a true and attested copy of the summons and complaint with jury demand in this action in the following manner: To wit, by delivering in hand to Ferdinand J. Kiley at , 97 Beach Avenue, Hull, MA 02045. P&H (no mailing) (\$1.00), Attest (1 copy) (\$5.00), Basic Service Fee (\$30.00), Conveyance (\$4.50), Travel (\$12.80) Total Charges \$53.30 Left with adult female, Rubyilla Kiley

Deputy Sheriff Robert C. Greek

Robert C. Greek
 Deputy Sheriff

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____

Date

Signature of Server

Address of Server

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature x <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Any Officer, Managing or General Agent Choice Hotels International, Inc. 10750 Columbia Pike Silver Spring, MD 20901</i></p>		<p>B. Received by: (Printed Name) <i>x [Signature]</i> C. Date of Delivery <i>4/14/04</i></p>	
<p>2. Article Number: <i>7001 1940 0005 3542 1183</i> (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>			

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
OFFICIAL USE		
SILVER SPRING, MD 20901		
Postage	\$ 0.60	UNIT ID: 0009
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.65	Postmark Here Clerk: KCPKHM 04/12/04
<p>Sent To <i>Choice Hotels Int'l, Inc.</i> Street, Apt. No., or PO Box No. <i>10750 Columbia Pike</i> City, State, ZIP+4 <i>Silver Spring, MD 20901</i> </p>		
PS Form 3800, January 2001 See Reverse for Instructions		